



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS

PHILADELPHIA, PENNSYLVANIA 19106

JUL 23 1977

Certified Mail
Return Receipt Requested

Mr. C. E. Switzer
Vice President, Manager of Operations
Laurel Pipe Line Company Aliquippa Station
P.O. Box 426
Camp Hill, PA 17011

Re: EPA Identification Numbers
Facility Location: Box 79 Tank Farm Rd.
Aliquippa RD 3, PA 15001

Dear Mr. Switzer:

Shortly after the filing of a Notification of Hazardous Waste Activity form (EPA-8700-12) with the EPA for the above facility, a temporary identification number PAT 00 064 7347 was issued in order to expedite the issuance of I.D. numbers.

A permanent identification number PAD 00 064 7347 has now been assigned for your facility. Realizing that you might have a supply of Manifest forms printed with the temporary number and you may have to contact companies with which you deal, you are permitted to use the temporary number for up to six months. You may, however, start using your permanent number immediately.

It is requested that you let this office know, within 30 days of receipt of this letter, the date you intend to implement the use of the new permanent EPA Identification Number by contacting Joan Henry on 215-597-8751 or by writing to: EPA, 6th & Walnut Streets, Philadelphia, PA 19106, Attn: Shirley Bulkin (3AW32). With this information we will have an accurate record of your I.D. number and be able to avoid possible confusion.

Sincerely,

Shirley D. Bulkin
Shirley D. Bulkin
Environmental Protection Specialist
RCRA Permit & Pesticides Section

cc: Mr. Gary Galida
PA Dept. of Environmental Resources



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAT 00 064 7347

INSTALLATION ADDRESS

Laurel Pipeline Co-Aliquippa Sta.
P. O. Box 426
Camp Hill, PA 17011

Box 79 Tank Farm Road
Aliquippa, PA 15001



PLEASE PLACE LABEL IN THIS SPACE

CONTINUE ON REVERSE

RECORD OF COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO:

FILE

FROM:

J. Henry

DATE

7/29/82

TIME

SUBJECT

New ID# for Laurel Pipe Lines P.A.D. 00064 7347

SUMMARY OF COMMUNICATION

Mr. Dibbitts FROM THE ABOVE FACILITY CALLED TO INFORM US
THE FACILITY WILL BEGIN USING THE NEW ID # ON *7/29/82*.

CONCLUSIONS, ACTION TAKEN OR REQUIRED



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

August 25, 1981
Certified Mail
Return Receipt Requested

Mr. G. R. Tibbits
Laurel Pipe Line Company
P.O. Box 426
Camp Hill, PA 17011

Re: Facility Name: Laurel Pipe Line Company--Aliquippa Station
Facility Location: Box 79 Tank Farm Road
Aliquippa, PA 15001

Dear Mr. Tibbits:

The Environmental Protection Agency (EPA) has received Part A of a permit application pursuant to Section 3005 of the Resource Conservation and Recovery Act for the facility referenced above. We have received your request to withdraw your permit application on August 13, 1981. Accordingly, the Agency is returning the application.

Sincerely yours,

Shirley D. Bulkin
Chief, RCRA Administrative Support Section
Permit Enforcement Branch
Enforcement Division

Enclosure

Cy 4/7/81
Letter typed
to Carl Spataro
7 PA 15001
12/3/02 - Part 2.



LAUREL PIPE LINE COMPANY

P. O. BOX 426, CAMP HILL, PA. (17011)

PHONE: 737-8611

AREA CODE 717

August 13, 1981

Files 4110.47-2
4110.47-B
4502.03B-3

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Shirley Bulkin
EPA Region III
P. O. Box 1480
Philadelphia, Pennsylvania 19107

Attention: Mr. Paul Gotthold

Re: Aliquippa Station
EPA Hazardous Waste I.D. No. PAT 000647347
Independence Twp., Beaver Co.,
Pennsylvania
Dated - November 14, 1980

Gentlemen:

The Laurel Pipe Line Company facility, referenced above, filed a Protective Part A - RCRA Hazardous Waste Permit Application.

Regulatory guidance has subsequently clarified some of the misinterpretation of the ambiguous provisions in the May 19, 1980 Federal Rules which compelled the subject submittal.

Accordingly, Laurel Pipe Line Company herewith requests that the subject Part A - RCRA Permit Application be withdrawn from further consideration and returned to:

G. R. Tibbits, Sr. Engr.
Laurel Pipe Line Company
P. O. Box 426
Camp Hill, Pennsylvania 17011.

Very truly yours,

LAUREL PIPE LINE COMPANY

C. E. Switzer
Vice President,
Manager of Operations

GRT:ik

cc: District Superintendent



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAT000647347

January 5, 1981

Laurel Pipe Line Co.
Aliquippa Station
Mr. G.B. Tibbits
P.O. Box 426
Camp Hill, Pa. 17011

Re: Acknowledgment of Application for
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

FORM 1 GENERAL I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) PLEASE PLACE LABEL IN THIS SPACE I. EPA I.D. NUMBER GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except V-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS | MARK 'X' | | |
|--|----------|----|---------------|
| | YES | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | X | | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | X | | X |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |
| B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | |
| D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | |
| F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | X | |
| J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |

III. NAME OF FACILITY 1 SKIP LAUREL PIPE LINE COMPANY ALIQUIPPA STA

IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) 2 TIBBITS G. R. SENIOR ENGINEER B. PHONE (area code & no.) 717 737 8611

V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 P.O. BOX 426 B. CITY OR TOWN 4 CAMP HILL C. STATE PA D. ZIP CODE 17011

VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 BOX 79 TANK FARM ROAD B. COUNTY NAME BEAVER C. CITY OR TOWN 6 ALIQUIPPA D. STATE PA E. ZIP CODE 15001 F. COUNTY CODE (if known) -

VII. SIC CODES (4-digit, in order of priority)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| A. FIRST | | | | | | | | | | B. SECOND | | | | | | | | | |
| 7 4 6 1 3 (specify) PRODUCTS PIPELINE | | | | | | | | | | 7 (specify) | | | | | | | | | |
| C. THIRD | | | | | | | | | | D. FOURTH | | | | | | | | | |
| 7 (specify) | | | | | | | | | | 7 (specify) | | | | | | | | | |

VIII. OPERATOR INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|-------------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| A. NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B. Is the name listed Item VIII-A also owner? | | | | | | | | | |
| LAUREL PIPE LINE COMPANY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | | | | | | | | | | | | | | | | |
| F = FEDERAL S = STATE P = PRIVATE | | | | | | | | | | M = PUBLIC (other than federal or state) O = OTHER (specify) | | | | | | | | | | P (specify) | | | | | | | | | | 7 1 7 7 3 7 8 6 1 1 | | | | | | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O BOX 426 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | | | | | | | | | | | G. STATE | | | | | H. ZIP CODE | | | | | IX. INDIAN LAND | | | | | | | | | |
| CAMP HILL | | | | | | | | | | | | | | | | | | | | PA | | | | | 17011 | | | | | Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | |

EXISTING ENVIRONMENTAL PERMITS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. NPDES (Discharges to Surface Water) | | | | | | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | | | | | | |
| N PA 0043125 | | | | | | | | | | | | | | | 9 P | | | | | | | | | | | | | | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | |
| U | | | | | | | | | | | | | | | 9 (specify) | | | | | | | | | | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | 9 (specify) | | | | | | | | | | | | | | |

I. MAP

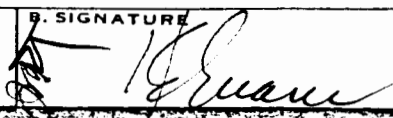
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

TRANSPORTATION OF PETROLEUM PRODUCT LIQUIDS BY PIPELINE.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME & OFFICIAL TITLE (type or print) | | | | | | | | | | | | | | | B. SIGNATURE | | | | | | | | | | | | | | | C. DATE SIGNED | | | | | | | | | | | | | | |
| H. E. Evans President | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Nov. 17, 1980 | | | | | | | | | | | | | | |
| COMMENTS FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|---|----------------------|---|---|-------------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (<i>barrel, drum, etc.</i>) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | INCINERATOR | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (<i>the volume that would cover one acre to a depth of one foot</i>) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | | 31 | | 32 | |
|-------------|---|-----------------------------------|---|----------------------------|--|---|--|---|--|---|--|---|--|---|--|---|--|----|--|----|--|----|--|----|--|----|--|---------------------------------|--|-----------------------|--|-------------|--|-----------------------------------|--|----------------------------|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|
| DUP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NUMBER | | A. PROCESS CODE (from list above) | | B. PROCESS DESIGN CAPACITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 1. AMOUNT (specify) | | | | | | | | | | | | | | | | | | | | | | | | 2. UNIT OF MEASURE (enter code) | | FOR OFFICIAL USE ONLY | | LINE NUMBER | | A. PROCESS CODE (from list above) | | B. PROCESS DESIGN CAPACITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-1 | S | 0 | 2 | 600 | | | | | | | | | | | | | | | | | | | | | | | | G | | | | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-2 | T | 0 | 3 | 20 | | | | | | | | | | | | | | | | | | | | | | | | E | | | | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | S | 0 | 1 | 11190 | | | | | | | | | | | | | | | | | | | | | | | | G | | | | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | S | 0 | 2 | 11190 | | | | | | | | | | | | | | | | | | | | | | | | G | | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | S | 0 | 2 | 5500 | | | | | | | | | | | | | | | | | | | | | | | | G | | | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | T | 0 | 1 | 5500 | | | | | | | | | | | | | | | | | | | | | | | | G | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARDOUS WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 </div> | | | | | | | | | | | | <div style="display: flex; justify-content: space-between;"> 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 </div> | | | | | | | | | | | |
| W 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | | | | | | W 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

| WASTE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | | | |
|-----------|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|-------|-------|----|---|----|----|----|----|---------------------|
| | | | | 1. PROCESS CODES (enter) | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | |
| | | | | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| 1 | K 0 4 9 | 17 | t | S 0 2 | S 0 1 | | | | | | | | |
| 2 | K 0 5 2 | 17 | t | S 0 2 | S 0 1 | | | | | | | | |
| 3 | K 0 5 1 | 2 | T | S 0 1 | S 0 2 | T 0 1 | | | | | | | |
| 4 | D 0 0 1 | 10 | T | S 0 1 | S 0 2 | T 0 1 | | | | | | | |
| 5 | D 0 0 8 | | | | | | | | | | | | included with above |
| 6 | D 0 0 1 | 1 | T | S 0 1 | S 0 2 | | | | | | | | |
| 7 | D 0 0 8 | | | | | | | | | | | | included with above |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTE *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|-----|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | T/A | C |
| F | P | A | T | O | O | C | 6 | 4 | 6 |

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

| | | | | |
|----|----|----|----|---------|
| 4 | 0 | 3 | 4 | 5 |
| 65 | 66 | 67 | 68 | 69 - 71 |

LONGITUDE (degrees, minutes, & seconds)

| | | | | | |
|----|----|----|----|----|---------|
| 8 | 0 | 1 | 9 | 5 | 7 |
| 72 | 73 | 74 | 75 | 76 | 77 - 79 |

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| C | E | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 |
|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| C | F | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 |
|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

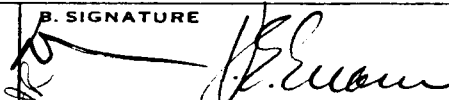
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

H. E. Evans, President

B. SIGNATURE



C. DATE SIGNED

Nov. 17, 1980

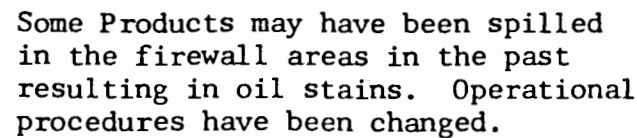
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

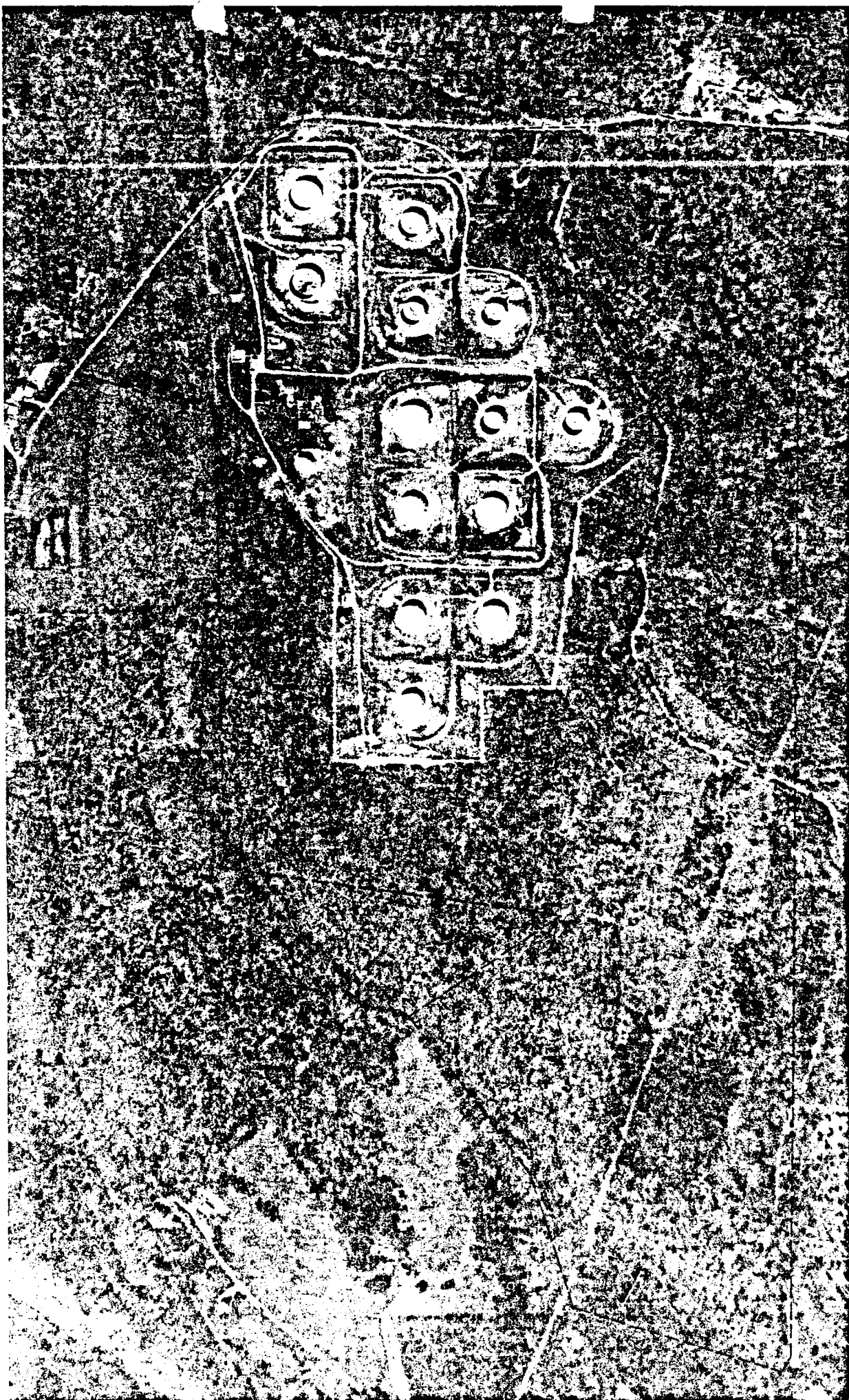
A. NAME (print or type)

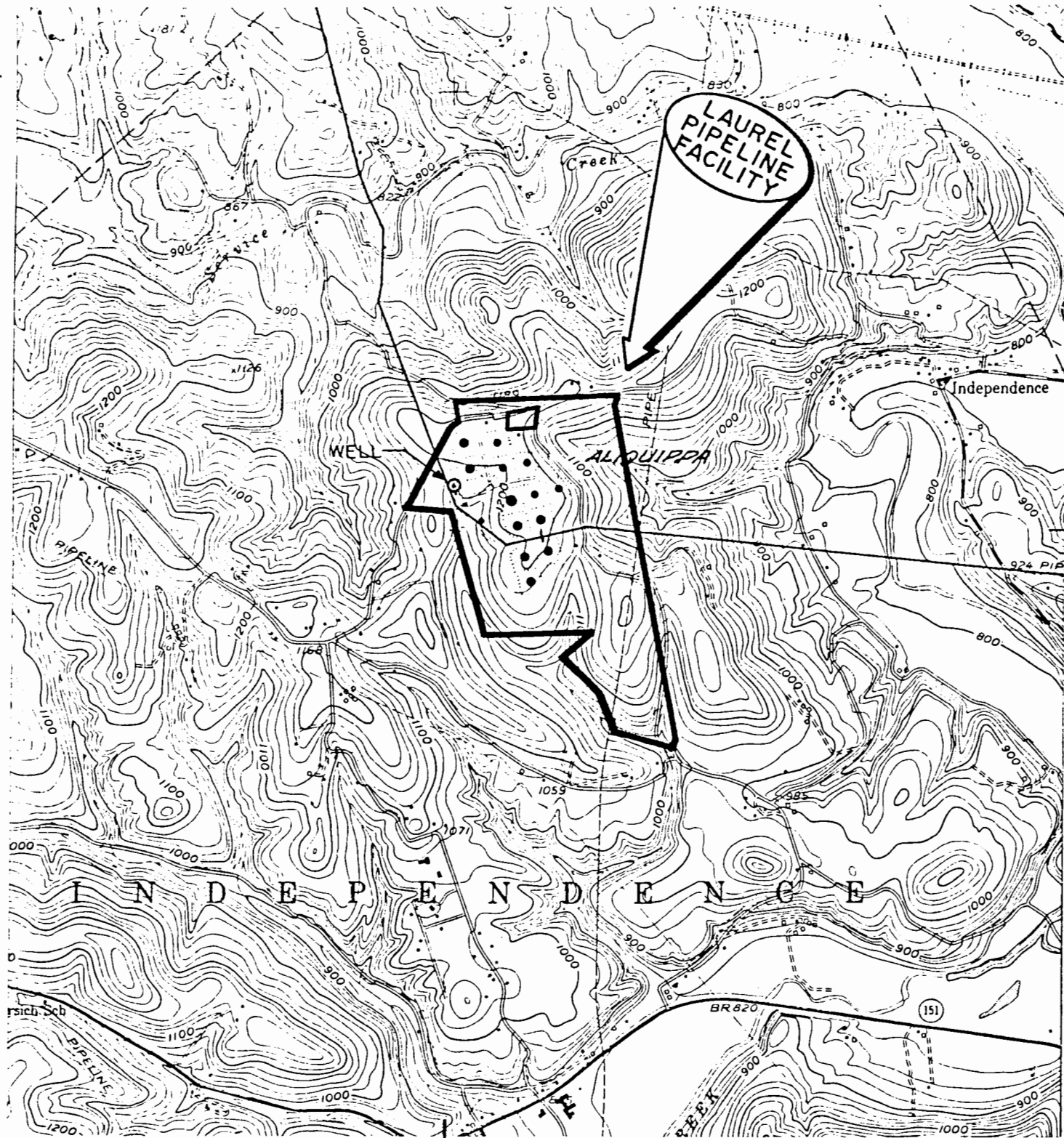
B. SIGNATURE

C. DATE SIGNED



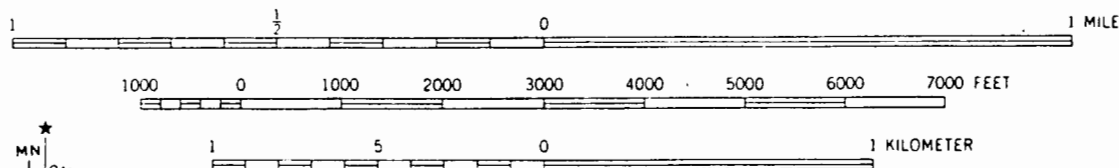
ALQUIPPA STATION
INDEPENDENCE TOWNSHIP
BEAVER COUNTY
PENNSYLVANIA
TOTAL AREA 218.582 ACRES



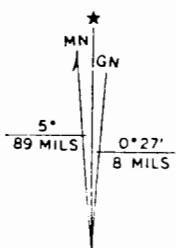


80° 20'

SCALE 1:24000



CONTOUR INTERVAL 20 FEET
DATUM IS MEAN SEA LEVEL



UTM GRID AND 1969 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

ALIQUIPPA, PA.

SE/4 BEAVER 15 QUADRANGLE

N4030-W8015/7.5

1954

PHOTOREVISED 1969

AMS 4965 III SE-SERIES V831